	Sponsorship Commitment Form			
	Yes, we would like to sponsor this event to help support the Conejo Senior Volunteer Program		Payment deadline to secure your sponsorships and ad placements: November 15, 2021	
	Please check that which applie		DIRECTORY ONLY	
I have found	Title Sponsor: \$5,000   Sponsor: \$2,500	These options do not include participation at the event. Each advertisement choice includes a standard business		
that among its	Co-Sponsor: \$1,000	listing. \$1,000 Full-page adver	tisement Advertise	
other benefits,	Vendor: \$250 Non-profit: \$100	\$500 1/2-page advertis	sement	
giving liberates		\$100 Standard busines	s listing	
the soul of	SPONSORSHIP COMPANY INFORMATION **Company name, address, business phone, and website will be used for Resource Directory			
the giver.	Company Name:			
-Maya Angelou	Business Address:			
	City:	State:	Zip:	
Feel free to dress up or decorate your space with a Roaring Twenties theme.	Business Phone: Business Email:			
	Website:			
	CONTACT INFORMATION			
	Contact Person:	Contact Phone:		
	Contact Email:			
Please return this form via email to jspivack@crpd.org or to the Conejo Senior	BUSINESS CATEGORY (determines location of listing in Resource Directory; please check one)			
	Care Facilities	Caregiving Services	Community Services	
	□ Financial/Legal/Insurance □ Home Health/Hospice/End of Life Services			
Volunteer Program	☐ Medical	□ Nutrition/Fitness/Wellness	Recreation/Entertainment	
1385 E. Janss Road Thousand Oaks, CA 91362	BOOTH ACTIVITY (examples: blood pressure exams, screenings, games, activities)			
	Adding a fun activity, demo or screening helps bring people to your table and keeps them			
	there so that you can tell them about your organization at this <b>Roaring into the Twenties,</b> Health, Wellness & All That Jazz themed event.			
	Booth Description:	Jazz themed event.	Electricity Needed?	
Discounted rates available for nonprofits; Only 16 spaces available.	PAYMENT INFORMATION Amount Paid \$			
	Visa Master	card Discover	Check (payable to GSCC)	
	Credit Card #: Expiration Date:			
	Billing Address (if different from	m above):		
Contact Julie Spivack at	City	State:	Zip:	
	Name on Card:			
805-381-2742	Signature (required):		Date:	

for details.

Goebel Senior Center Commission is a 501(c)(3) non-profit organization: Tax ID: 95-3747400